

HISTORY FACILITY PROFILE

SUNSHINE TERRACE FOUNDATION PROVIDER #: 465079 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 225 NORTH 200 WEST PHONE NUMBER: (435) 752-0411 TOTAL: 172
 LOGAN UT 84321 PARTICIPATION DATE: 09/01/1981 CERTIFIED: 172 TYPE OWNERSHIP: NONPROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 01/17/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 172	
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TOTAL:	163	ADMISSION SUSPENDED:		18	18/19 19 ICF/MR
MEDICARE:	7	SUSPENSION RESCINDED:		--	-----
MEDICAID:	102			32	140
OTHER:	54				

CURRENT SURVEY REVISIT DATES - 03/27/2002

PRIOR 3 SURVEY 06/1998	S/S CODE	PRIOR 2 SURVEY 08/1999	S/S CODE	PRIOR 1 SURVEY 11/2000	S/S CODE	CURRENT SURVEY 01/17/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
						X C	E	02/28/2002	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
						X C	D	02/07/2002	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
						X C	D	02/07/2002	REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
						X C	D	02/28/2002	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	E						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	D				REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 06/1998	PRIOR 2 SURVEY 08/1999	PRIOR 1 SURVEY 11/2000	CURRENT SURVEY 01/15/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
			X C	02/06/2002	K0052-TESTING OF FIRE ALARM
X	X	X	X C	02/06/2002	K0130-OTHER

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 06/1998	PRIOR 2 SURVEY 08/1999	PRIOR 1 SURVEY 11/2000	CURRENT SURVEY 01/15/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 02
					K0025-SMOKE PARTITION CONSTRUCTION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	4	1	1	0
HEALTH TOTAL	4	1	1	0
LIFE SAFETY CODE	2	1	2	1
LIFE SAFETY CODE + HEALTH	6	2	3	1

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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05/12/2000	UNSUBSTANTIATED
05/31/2000	UNSUBSTANTIATED
10/19/2000	UNSUBSTANTIATED
11/08/2000	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT